

TOWN OF ROCKPORT

BOARD OF HEALTH

34 Broadway

Rockport, MA 01966Phone: 978-546-3701 Fax: 978-546-5013 www.rockportma.gov

APPLICATION FOR WELL AND PUMP PERMIT

Location Address:		Map:	Lot:	
Owner:	Mailing Addre	ss:		
WELL CONTRACTOR: Company Name: _				
Address:				
Email:				
Licensee Name:				
Гуре of Well:		Well Used For (check one):	() Irrigation ()) Drinking
Diameter of Well:		Size of Casing:		
Depth of Bedrock:	- 	Depth of Casing into Bedroc	k	
Was Seal Tested? ()Yes () No		Date of Testing		
Depth of Well:		Well Ended in What Materia	1:	
Depth of Water:		Delivers:	gallons/p	er/minute
Drawdown:feet after pumping	hours at _	GPM.		
PUMP INSTALLER: Company Name:				
Address:		Phone:	Fax:	
Email:				
Licensee Name:		MA Lic #:		
Size and Name of Pump:		Type of Pump Used:		
Water Pump Delivers:	GPM	Size of Tank		
Pipe Material Used in Well: () Cast Iron	() Galvanized	() Plastic; if plastic, te	st strength	
() Well Pit	() Pitless Ada	pter		
Was sleeve used to protect pipe? ()Yes	() No Type	or Name of Well Seal		
Date: Pi	ımp Installer's Sig	gnature:		
FOR OFFICE USE ONLY:				
Proposed location approved: Health Agent			Date	
Permit No Date _		Fee (\$	100.00)	
Date water analysis report received by Board o	f Health			